FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to	Section	16(a) of the	Securities	Evchange	Act of	103
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or Soction	30/h) of	f the Invector	ont Comp	any Act of	1040	

1. Name and Address of Reporting Person*  Bartrum Thomas				2. Issuer Name <b>and</b> Ticker or Trading Symbol Privia Health Group, Inc. [ PRVA ]							(Chec	ationship of Reporting k all applicable) Director Officer (give title		10%	O Issuer Owner			
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE ROAD, SUITE 700				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2022								X	below	below) below)  EVP, General Counsel				
(Street) ARLING (City)			2203 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi Line)								
(0.13)		, ,		n-Deriva	tive S	Secu	rities	Aca	uired	Dis	posed of	or F	Bene	ficially	/ Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			tion 2A. Deemed Execution Date,			3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				A) or 5. Am Secur Benef		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect				
								Code	v	Amount	nount (A) or (D)		Price	Transa	ection(s) 3 and 4)		(instr. 4)	
Common	Stock, \$0.0	1 par value per	share	05/31/2	2022			A		63,964 <sup>(1)</sup> A		\$0.00	91,355		D			
I		Tal									osed of, convertib				Owne	d		
Derivative Conversion Da		(Month/Day/Year) if any		emed dion Date, Code (//Day/Year)					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber				

## **Explanation of Responses:**

1. Represents restricted stock units granted under the Issuer's 2021 Omnibus Incentive Plan that will vest on the third anniversary of the grant date.

## Remarks:

/s/ Thomas Bartrum

06/01/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).